



3-9-06

AF/JFW

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box →

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

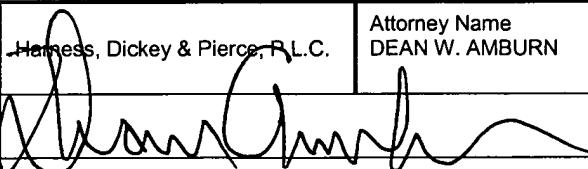
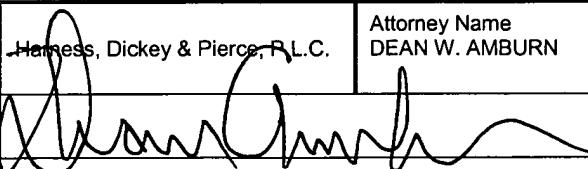
Total Number of Pages in This Submission

Application Number	10/712,547
Filing Date	November 13, 2003
First Named Inventor	Yogo et al.
Group Art Unit	3732
Examiner Name	Zoila E. Cabrera
Total Number of Pages in This Submission	Attorney Docket Number 2486-000001

ENCLOSURES (check all that apply)

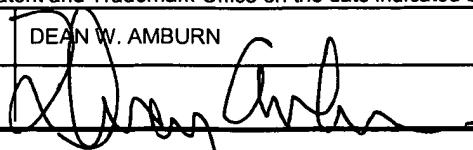
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	 Harness, Dickey & Pierce, P.L.C.	Attorney Name DEAN W. AMBURN	Reg. No. 46,517
Signature			
Date	March 8, 2006		

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

Typed or printed name	DEAN W. AMBURN	Express Mail Label No.	EV 853 855 785 US (3/8/2006)
Signature		Date	March 8, 2006

EV 853 855 785 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/712,547

Filing Date: November 13, 2003

Applicant: Teruaki Yogo et al.

Group Art Unit: 2125

Examiner: Zoila E. Cabrera

Title: A System and Process for Creating Custom Fit Artificial Fingernails Using a Non-Contact Optical Measuring Device

Attorney Docket: 2486-000001

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Final Office Action mailed December 29, 2005, please amend the application as follows and consider the remarks set forth below.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 11 of this paper.